

Bureau of Health Care Quality and Compliance

5/14/10  
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS597S</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/15/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>COLLEGE PARK REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2856 E. CHEYENNE AVE. NORTH LAS VEGAS, NV 89030</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
Z 000	<p><b>Initial Comments</b></p> <p>This Statement of Deficiencies was generated as a result of complaint investigation conducted in your facility on 4/15/2010, in accordance with Nevada Administrative Code, Chapter 449, Facilities for Skilled Nursing.</p> <p>Complaint #NV00024539 was substantiated with deficiencies cited. (See Tags Z310 and Z311)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p>	Z 000			
Z310 SS=D	<p><b>NAC449.74493 Notification of Changes or Condition</b></p> <p>1. A facility for skilled nursing shall immediately notify a patient, the patient's legal representative or an interested member of the patient's family, if known, and, if appropriate, the patient's physician, when:</p> <p>(a) The patient has been injured in an accident and may require treatment from a physician;</p> <p>(b) The patient's physical, mental or psychosocial health has deteriorated and resulted in medical</p>	Z310	<p><b>Z310 Notification of change in condition</b></p> <p><i>The facility will notify the family or designee when any patient has a change of condition.</i></p>		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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Z310	Continued From page 1  complications or is threatening the patient's life; (c) There is a need to discontinue the current treatment of the patient because of adverse consequences caused by that treatment or to commence a new type of treatment; (d) The patient will be transferred or discharged from the facility; (e) The patient will be assigned to another room or assigned a new roommate; or (f) There is any change in federal or state law that affects the rights of the patient. This Regulation is not met as evidenced by: Based on interview and record review, the facility failed to notify the family of a change in condition, transfer to an acute care facility, and subsequent death for Resident #1.	Z310	<p>What corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <ul style="list-style-type: none"> <li>• <b>Resident #1 is deceased</b></li> </ul> <p>How will you identify other residents having the potential to be affected by the same deficient practice, and what corrective action will be taken.</p> <ul style="list-style-type: none"> <li>• <b>All staff will be re-educated to notification of families/ designee. This education will cover when to call, whom to call with regards to patient confidentiality.</b></li> </ul> <p>What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?</p> <ul style="list-style-type: none"> <li>• <b>IDT will meet daily to go through the 24 hour report. This meeting will back up who is calling the families when a change of condition, or any other care plan change occurs. All staff will be re-educated to the use of the 24 hour report.</b></li> </ul>		

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NAME OF PROVIDER OR SUPPLIER  COLLEGE PARK REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2856 E. CHEYENNE AVE. NORTH LAS VEGAS, NV 89030		
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Z310	Continued From page 1	Z310	<p>How will the facility monitor its corrective action to ensure that the deficient practice is being corrected and will not recur; i.e.; what programs will be put into place to monitor the continued effectiveness of the systemic change?</p> <ul style="list-style-type: none"> <li>• Telephone orders for the past 24 hours will also be checked this meeting looking for possible family notification needs. Admin/DON will follow up 24 hours later in the next IDT to assure that the call was made and documented and family is aware of current care plan.</li> </ul> <p>Monitored by DON/Administrator Completion Date: 5/14/2010</p>	

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Z311 SS=D	<p>NAC449.74493 Notification of Changes or Condition</p> <p>2. A facility for skilled nursing shall maintain in its records and periodically revise the address and telephone number of a patient's legal representative and interested members of the patient's family.</p> <p>This Regulation is not met as evidenced by: Based on interview and record review the facility failed to maintain the record with the contact information of family members or legal representatives for Resident #1. As a result the family was not notified of the change in condition and death of Resident #1.</p> <p>Severity: 2 Scope: 1</p>	Z311	<p><b>Z311 Notification of change of condition</b></p> <p><b>The facility will maintain records in such a manner that the most updated information is available for family notification</b></p> <p>What corrective action will be accomplished for those that have been affected by this deficient practice.</p> <ul style="list-style-type: none"> <li>• <b>Resident #1 is deceased</b></li> </ul> <p>How will you identify others who may have been affected by this deficient practice?</p> <ul style="list-style-type: none"> <li>• <b>Same as Z311 above</b></li> </ul>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  NVS5978	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  04/15/2010
NAME OF PROVIDER OR SUPPLIER  COLLEGE PARK REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2856 E. CHEYENNE AVE. NORTH LAS VEGAS, NV 89030		
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Z311 SS=D	Continuation of Z311	Z311	<p>How will the facility monitor its corrective action to ensure that the deficient practice is being corrected and will not recur?</p> <ul style="list-style-type: none"> <li>On admissions, the facility will assure there is a contact number for every resident if applicable.</li> <li>At least quarterly, the facility will update every residents' file to assure phone numbers and addresses are correct.</li> </ul> <p>What measures will be put into place to monitor the continued effectiveness of systemic change to assure this deficient practice does not recur?</p> <ul style="list-style-type: none"> <li>Medical Records/Business Office will pull files to match face sheet and financial files for addresses and phone numbers per random audits. Audits will be completed within 48 hours of admission, and monthly for three months, and quarterly thereafter.</li> </ul> <p>Monitored by: Medical Records Administrator to assure compliance</p> <p>Completion Date: 5/14/2010</p>		

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